



# ASAM

American Society of  
Addiction Medicine

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## DOCUMENTATION

### All Programs

Documentation standards for Level 3.3 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

### Co-Occurring Enhanced Programs

In addition to the information just described, Level 3.3 co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance use or addictive disorders, and the patient's current level of mental functioning.



## ADULT DIAGNOSTIC ADMISSION CRITERIA

### All Programs

The patient who is appropriately placed in a Level 3.3 program meets the diagnostic criteria for a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

**NOTE:** Patients in Level 3.3 co-occurring capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring capable program; or difficulties with mood, behavior, or cognition related to a substance use, other addictive, or mental disorder; or emotional, behavioral, or cognitive symptoms that are troublesome but do not meet the *DSM* criteria for a mental disorder.

### Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.3 co-occurring enhanced program meets the diagnostic criteria for a mental disorder as well as a moderate or severe substance use and/or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).



## ADULT DIMENSIONAL ADMISSION CRITERIA

### All Programs

The patient who is appropriately admitted to a Level 3.3 program meets specifications in **each** of the six dimensions.

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### DIMENSION 1:

Acute Intoxication and/or  
Withdrawal Potential

#### All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 3.3 setting. See separate withdrawal management chapter for how to approach “unbundled” withdrawal management for adults.

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### DIMENSION 2:

Biomedical Conditions and  
Complications

#### All Programs

The patient's status in Dimension 2 is characterized by **one** of the following:

- a. Biomedical problems, if any, are stable and do not require medical or nurse monitoring, and the patient is capable of self-administering any prescribed medications;

**or**

- b. A current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts. The problem requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.

#### Biomedical Enhanced Services

The patient who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other Level 3.3 programs is in need of biomedical enhanced services.

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### DIMENSION 3:

Emotional, Behavioral, or  
Cognitive Conditions and  
Complications

#### All Programs

If any of the Dimension 3 conditions are present, the patient must be admitted to either a co-occurring capable or a co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

#### Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by (a); **and** one of (b) **or** (c) **or** (d):

- a. The patient's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment;

**and**

- b. The patient's psychiatric condition is stabilizing, but he or she is assessed as in need of a 24-hour structured environment, as evidenced by **one** of the following: (1) depression or other emotional, behavioral, or cognitive conditions significantly interfere with activities of daily living and recovery; or (2) the patient exhibits violent or disruptive behavior when intoxicated and is assessed as posing a danger to self or others; or (3) the patient exhibits stress behaviors related to recent or threatened losses in work, family, or social arenas, such that activities of daily living are significantly impaired and the patient requires a secure environment to focus on the substance use or mental health problem; or (4) concomitant personality disorders are of such severity that the accompanying dysfunctional behaviors require continuing structured interventions;

**or**

- c. The patient's symptoms and functional limitations, when considered in the context of his or her home environment, are assessed as sufficiently severe that the patient is not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. Functional limitations may include, but are not limited to, cognitive impairment, developmental disability, manifest chronicity and intensity of the primary addictive disease process, residual psychiatric symptoms, cognitive deficits resulting from traumatic brain injury, limited educational achievement, poor vocational skills, inadequate anger management skills, and other equivalent indications that services need to be presented at a pace that is slower and/or more repetitive and concrete than is found at other levels of care. These deficits may be complicated by problems in Dimensions 2 through 6;

## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

3

### DIMENSION 3:

Emotional, Behavioral, or  
Cognitive Conditions and  
Complications

**or**

d. The patient is at mild risk of behaviors endangering self, others, or property, and is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences or serious life consequences, such as imminent criminality, ie, extensive and recurrent patterns of criminal behavior such as robbery, DUI, child neglect, assault, etc.) without the 24-hour support and structure of a Level 3.3 program.

#### Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by (a) **or** (b):

a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires active management (involving monitoring of medications or assessment of psychiatric symptoms or behavioral management techniques, for example). Such disorders complicate treatment of the patient's substance use or substance-induced disorder and require differential diagnosis. The patient thus is in need of stabilization of psychiatric symptoms concurrent with addiction treatment (examples include a patient with unstable borderline or compulsive personality disorder or unstable anxiety or mood disorder, in addition to his or her substance use or substance-induced disorder).

Because cognitive deficits are commonly seen in patients treated at Level 3.3, such patients may require treatment that is delivered at a slower pace or in a more concrete or repetitive fashion;

**or**

b. The patient is assessed as at mild to moderate risk of behaviors endangering self, others, or property (for example, he or she has suicidal or homicidal thoughts, but lacks an active plan).

**NOTE:** The patient who has a severe and chronic mental disorder may manifest inadequate skills to manage the activities of daily living, poor social functioning, disorganized thinking, and/or periods of confusion, disorientation, or impaired reality testing. The patient's dysfunction is so severe that 24-hour structure is required to provide sufficient stabilization so that the patient can safely survive at a less intensive level of care.

During the stabilization period, expectations for the patient's involvement in group, community, and activities therapy are limited. A more highly individualized regimen of individual, group, and activities involvement may be required.

#### All Programs

The patient's status in Dimension 4 is characterized by at least **one** of the following:

a. Because of the intensity and chronicity of the addictive disorder or the patient's cognitive limitations, he or she has little awareness of the need for continuing care or the existence of his or her substance use or mental health problem and need for treatment, and thus has limited readiness to change;

**or**

b. Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the patient has marked difficulty in understanding the relationship between his or her substance use, addiction, mental health, or life problems, and impaired coping skills and level of functioning;

**or**

c. The patient's continued substance use poses a danger of harm to self or others, and he or she demonstrates no awareness of the need to address the severity of his or her addiction or psychiatric problem or does not recognize the need for treatment. However, assessment indicates that treatment interventions available at Level 3.3 may increase the patient's degree of readiness to change;

**or**

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### DIMENSION 4:

Readiness to Change

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## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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### DIMENSION 4:

Readiness to Change

d. The patient's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, delivered in a 24-hour milieu. For example, because of cognitive deficits, the patient attributes his or her alcohol and/or other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions in an outpatient setting are assessed as not feasible or not likely to succeed.

#### Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by ambivalence in his or her commitment to change and reluctance to engage in activities necessary to address a co-occurring mental health problem. For example, such a patient does not understand the need for antipsychotic medications, so that his or her medication adherence is inconsistent.

Similarly, the patient is appropriately placed in a Level 3.3 co-occurring enhanced program when he or she is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change. Such a patient requires active interventions with family, significant others, and other external systems to create leverage and align incentives so as to promote engagement in treatment.

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### DIMENSION 5:

Relapse, Continued Use, or Continued Problem Potential

#### All Programs

The patient's status in Dimension 5 is characterized by at least **one** of the following:

a. The patient does not recognize relapse triggers and has little awareness of the need for continuing care. Because of the intensity or chronicity of the patient's addictive disorder or the chronicity of the mental health problem or cognitive limitations, he or she is in imminent danger of continued substance use or mental health problems, with dangerous emotional, behavioral, or cognitive consequences. The patient thus needs 24-hour monitoring and structure to assist in the application of recovery and coping skills, as well as active staff interventions to prevent relapse;

**or**

b. The patient is experiencing an intensification of symptoms of his or her substance use disorder (such as difficulty in postponing immediate gratification and related drug-seeking behavior) or mental disorder (for example, increasing suicidal thoughts or impulses without a plan), and his or her level of functioning is deteriorating despite an amendment of the treatment plan;

**or**

c. The patient's cognitive impairment has limited his or her ability to identify and cope with relapse triggers and high-risk situations. He or she requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively, in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences;

**or**

d. Despite recent, active participation in treatment at a less intensive level of care, the patient continues to use alcohol and/or other drugs or to continue other addictive behavior or to deteriorate psychiatrically, with imminent serious consequences. For mandated patients, serious consequences may be criminal and addictive behavior of such instability that the patient demonstrates imminent risk to public safety. There is a high risk of continued substance use, addictive behavior, or mental deterioration without close 24-hour monitoring and structured treatment.

#### Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as poor skills in coping with mental disorders and/or avoiding or limiting relapse, with imminent serious consequences. For example, the patient continues to engage in behaviors that pose a risk of relapse (such as non-adherence with the medication regimen or spending time in places where drugs are

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## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5

### DIMENSION 5:

Relapse, Continued Use, or Continued Problem Potential

being sold or used) because he or she has cognitive deficits that prevent understanding of the relationship between those behaviors and relapse to substance use or mental disorders. The presence of these relapse issues requires the types of services and 24-hour structure of a Level 3.3 co-occurring enhanced program.

Case management and collaboration across levels of care may be needed to manage anti-craving, psychotropic, or opioid agonist medications. For example, because of significant cognitive deficits, the patient may have difficulty in managing the activities of daily living without 24-hour interventions, and thus require preparation for placement in a group home in order to support his or her continued recovery from a substance use disorder or mental health problem. (Such a group home may involve supervised living for persons with cognitive deficits such as developmental disabilities or those who have severe and chronic mental illness.)

Preparation for transfer of the patient to a less intensive level of care, a different type of service in the community, and/or reentry into the community requires case management and staff exploration of supportive living environments, separately from their therapeutic work with the patient.

### All Programs

The patient's status in Dimension 6 is characterized by at least **one** of the following:

- a. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;
- or**
- b. The patient is in significant danger of victimization and thus requires 24-hour supervision. For example, the patient has sustained a traumatic brain injury, as a result of which he or she is vulnerable to victimization when using psychoactive substances;
- or**
- c. The patient's social network includes regular users of alcohol or other drugs, such that recovery goals are assessed as unachievable at a less intensive level of care;
- or**
- d. The patient's social network involves living with an individual who is a regular user, addicted user, or dealer of alcohol or other drugs, or the patient's living environment is so highly invested in alcohol or other drug use that his or her recovery goals are assessed as unachievable;
- or**
- e. Because of cognitive limitations, the patient is in danger of victimization by another and thus requires 24-hour supervision;
- or**
- f. The patient is unable to cope, for even limited periods of time, outside the 24-hour structure of a Level 3.3 program. He or she needs staff monitoring to assure his or her safety and well-being.

### Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of decreased cognitive functioning, or hostile family members with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.3 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

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### DIMENSION 6:

Recovery Environment